

CHAPTER 3

SECTION 3.2

ORAL SURGERY

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Authority: [32 CFR 199.4\(e\)\(10\)](#) and [\(g\)\(37\)](#)

I. PROCEDURE CODES

American Dental Association (ADA) dental nomenclature codes: 07285 - 07286, 07410 - 07420, 07430 - 07431, 07440 - 07441, 07450 - 07451, 07460 - 07461, 07465, 07480, 07490, 07520, 07530, 07540, 07550, 07560, 07610, 07620, 07630, 07640, 07650, 07660, 07670, 07680, 07710, 07720, 07730, 07740, 07750, 07760, 07770, 07780, 07810, 07820, 07830, 07840, 07860, 07870, 07910 - 07912, 07920, 07955, 07980 - 07983, 20605, 21010, 21050, 21060, 21141 - 21142, 21193 - 21198, 21215, 21240 - 21243, 21480, 21486, 21490, 21499, 29804.

II. DESCRIPTION

There are certain oral surgical procedures which are performed by both physicians and dentists, and which are essentially medical rather than dental care.

III. POLICY

The following procedures are considered to be in this category and are covered:

A. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth, which such conditions require a pathological (histological) examination.

B. Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth.

C. Treatment of oral and/or facial cancer.

D. Treatment of fractures of facial bones.

E. External (extraoral) incision and drainage of cellulitis.

F. Surgery of accessory sinuses, salivary glands or ducts.

G. Reduction of dislocations and the excision of the temporomandibular joints, when surgery is a necessary part of the reduction.

H. Any oral surgical procedure which falls within the cosmetic, reconstructive and/or plastic surgery definition is subject to the limitations and requirements set forth in [32 CFR 199.4\(e\)\(8\)](#).

1. Surgical correction of prognathism and micrognathism and congenital craniofacial anomalies (i.e., Treacher-Collins syndrome, hemifacial microsomia, etc.) is covered.

I. Oral surgical procedures for treatment of the following medical conditions are also covered:

1. Osteomyelitis.

2. Removal of a foreign body which is hazardous to the patient's health, which is reaction-producing or complicates a primary medical condition.

3. Intrinsic and traumatic diseases of the temporomandibular joint which require surgery such as rheumatoid arthritis and osteoarthritis.

J. Mandibular bone grafts performed for other than orthodontia or dental support.

K. Surgical treatment of the temporomandibular joint.

L. The Therabite Jaw Motion System may be considered for cost-sharing as durable medical equipment (DME).

IV. EXCLUSIONS

A. Treatment of Temporomandibular Joint Syndrome, occlusal equilibration and restorative occlusal rehabilitation are excluded from this category.

B. Extraction of unerupted or partially erupted, malposed or impacted teeth, with or without the attached follicular or development tissues, are not covered oral surgery procedures except when the care is indicated in preparation for, or as a result of, dental trauma caused by the medically necessary treatment of an injury or illness.

C. Vestibuloplasty or surgical preparation of the mouth for dentures.

D. Mandibular staple implants are not covered because their primary purpose is to prepare the mouth for dentures.

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